



DEPARTMENT OF STATE  
EXECUTIVE SECRETARIAT

ACTION SLIP  
**UNCLASSIFIED**  
(Classification/Downgrader)

DATE: E953E R  
S/S CONTROL NUMBER  
8816570

ACTION ASSIGNED TO: EUR SOV/500 DUE IN S/S BY: 4/3

ACTION REQUESTED: \_\_\_\_\_ WITH DRAFT REPLY FOR SIGNATURE BY: \_\_\_\_\_  
\_\_\_\_\_ STATE TO \_\_\_\_\_ MEMO \_\_\_\_\_ WITH COMMENT/RECOMMENDATION  
\_\_\_\_\_ PRESIDENTIAL \_\_\_\_\_ IF NO SIGNED ORIGINAL IS NECESSARY, PREPARE CROSS - HATCH CABLE.

\_\_\_\_\_ CONGRESSIONAL  
**SADIXED**  
5 1983

AFTER CROSS - HATCHING, SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH CORRESPONDENCE, UNDER COVER OF A TRANSMITTAL FORM, BACK TO WH.

\_\_\_\_\_ STATE TRANSMITTAL FORM TO NSCS \_\_\_\_\_ OVP \_\_\_\_\_ IF NO REPLY IS NECESSARY, RETURN ORIGINAL WH CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.

✓ DIRECT REPLY ON BEHALF OF President \_\_\_\_\_ travel authorization  
FOR SIGNATURE BY \_\_\_\_\_ Provide info copy under cover of State NSCS transmittal form

\_\_\_\_\_ REPLY FOR SIGNATURE BY \_\_\_\_\_ Provide comeback copy for \_\_\_\_\_

\_\_\_\_\_ RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO  
\_\_\_\_\_ with Memorandum for the President \_\_\_\_\_ with reply for signature  
\_\_\_\_\_ APPROPRIATE HANDLING \_\_\_\_\_ FOR YOUR INFORMATION

REMARKS/SPECIAL INSTRUCTIONS: \_\_\_\_\_ IS/FPC/CDR H/H Date: 10/14/97

CLEAR WITH: DEPARTMENT OF STATE  
☒ RELEASE ( ) DECLASSIFY  
☐ EXCISE ( ) DECLASSIFY  
☐ DENY IN PART

COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> AF	<input type="checkbox"/> M/COMB	<input type="checkbox"/> S/ARN	<input type="checkbox"/> S/PP
<input type="checkbox"/> D	<input type="checkbox"/> ARA	<input type="checkbox"/> M/DGP	<input type="checkbox"/> S/ART	<input type="checkbox"/> S/P
<input type="checkbox"/> P	<input type="checkbox"/> CA	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/DEL - 3	<input type="checkbox"/> S/DIG
<input type="checkbox"/> T	<input type="checkbox"/> CIP	<input type="checkbox"/> M/MO	<input type="checkbox"/> S/CPR	<input type="checkbox"/> S/R
<input type="checkbox"/> M	<input type="checkbox"/> DS	<input type="checkbox"/> M/WHL	<input type="checkbox"/> S/CT	<input type="checkbox"/> S/PPR
<input type="checkbox"/> C	<input type="checkbox"/> EAP	<input type="checkbox"/> M/SC	<input type="checkbox"/> S/IL	<input type="checkbox"/> AID
<input type="checkbox"/> S/S	<input type="checkbox"/> EB	<input type="checkbox"/> M/OFM	<input type="checkbox"/> S/EEOCR	<input type="checkbox"/> ACDA
<input type="checkbox"/> S/S - O	<input type="checkbox"/> ECA	<input type="checkbox"/> NEA	<input type="checkbox"/> S/CL	<input type="checkbox"/> USIA
<input type="checkbox"/> S/S - EX	<input type="checkbox"/> EUR	<input type="checkbox"/> OES	<input type="checkbox"/> S/FSG	<input type="checkbox"/> D/P&R
<input checked="" type="checkbox"/> S/S - S DIR	<input type="checkbox"/> H-2		<input type="checkbox"/> S/CSCE	
<input type="checkbox"/> TEAM A	<input type="checkbox"/> HA		<input type="checkbox"/> S/OIG	
<input type="checkbox"/> TEAM B	<input type="checkbox"/> INM			
<input type="checkbox"/> S/S - C	<input type="checkbox"/> INR			
<input checked="" type="checkbox"/> S/S - I (RF)	<input type="checkbox"/> IO			
	<input type="checkbox"/> L			

**UNCLASSIFIED**

FROM: \_\_\_\_\_ Cindy Trodden  
S/S - S \_\_\_\_\_ B  
TEAM: A \_\_\_\_\_  
X-78062/8053/6339/6348 X-75804/5805/338/6349